

Washington County Assessor

87 North 200 East Ste 201 * St George, UT 84770 Office (435) 634-5703 * Fax (435) 652-5887

Dear Washington County Property Owner:

Utah Tax Code *59-2-103* requires residential property to be taxed on the basis of its fair market value, as valued on January 1 of each year. The Utah Constitution allows a 45% residential exemption for the primary residence of the owner. The residential exemption is limited to one primary residence per household.

Utah Tax Code *59-2-103.5* and Washington County Code 8-2 require a property owner to apply for the residential exemption by **April 30**. The enclosed application requests information necessary to properly classify your property. Upon completing the application and returning it to our office, we can determine if your property qualifies for the exemption.

If we do not receive your completed application we will be unable to consider the exemption, and your property will be classified Non-Primary, which is taxed at its full market value. This could result in a significant increase in your annual property tax. An administrative fee of \$50 will be assessed on those who miss the April 30 deadline for filing the application to object to the Non-Primary classification.

• Example: assume a residential property taxed at its full market value has an annual property tax of \$3,000. Tax on the same property with the exemption applied is reduced to \$1,650.

The exemption is also allowed for residential property you rent to a tenant. To qualify, it must be the full-time primary residence of the tenant.

A Homeowner's Questionnaire is also enclosed for review and equalization of your property. Please complete and return the questionnaire with your application for residential exemption.

The enclosed application is time-sensitive and should be returned to our office within 15 days. We encourage you to apply without delay.

Thank you for your cooperation in this matter. If you have any questions, please contact our office at (435) 634-5703 or visit our website at www.washco.utah.gov/assessor.

Sincerely,

Arthur L. Partridge Washington County Assessor

APPLICATION FOR RESIDENTIAL EXEMPTION

WASHINGTON COUNTY ASSESSOR * 87 N 200 E Suite 201 * ST GEORGE UT 84770 * 435-634-5703 * Fax 435-652-5887

Pursuant to Utah Code Annotated 59-2-103.5 & Washington County Code 8-2

Property Ownership:		Account:			
Property Add	dress:	Parcel:			
Please fully	answer the following questions (if addit	ional space is needed, please	attach a page containing the required inf	formation):	
Date of Purchase Purchase Price					
	he value of any personal property (such as imstances which influenced the decision to		chase price and any special terms, considera	ations, concessions, or	
List all other	residential real estate owned by each own	er of the property identified a	bove:		
Initial only	ONE of the following and answer the su	pporting questions:			
*	OWNER-OCCUPIED FULL TIME -	- Owner-occupants do not hav	ve another permanent full-time residence in a	any state or province.	
	Identify the complete address of th	e previous residence of each of	owner-occupant:		
	Name & Utah driver license number	er of each owner-occupant:			
	Do owner-occupants pay their inco Do owner-occupants use the prope Are owner-occupants registered at	ome taxes in Utahty address above for their fed the property address above to	deral and state income tax returnsvote in Washington Countyaddress above in Washington County	Y N Y N Y N Y N Y N	
*	TENANT-OCCUPIED FULL TIME -	– Tenants do not have another	permanent full-time residence in any state of	or province.	
		_	of of residency must accompany this applica		
*	_ THE PROPERTY IS <u>NOT</u> A PERMA	ANENT FULL-TIME RESIDI	ENCE.		
• Pr	ny misrepresentation on this approperty classification is identified applementary information may b	l on county websites av	ailable for public review.		
Signed:		Dated:	Daytime Phone:		
Signed:		Dated:	Daytime Phone:		

Washington County Assessor 87 North 200 East St. George, Utah 84770 * (435) 634-5703*Fax (435) 652-5887 HOMEOWNER'S QUESTIONNAIRE

Name of Person Completing this form:	Owner:	Other:		
Mailing Address				
Telephone Number:	Date:		COUNTY	
Property Street Address:				
PROPERTY PARCEL NUMBER:			_	
ACCOUNT NUMBER:			-	
1. Is this your primary residence? () Yes () No	() Rental	15. Estimate basement square	e footage	
2. Estimate living area square footage (not basement a	rea)	Check item describing basement in your home: () Full Basement () Half basement () None If walkout please check () No. of entrances		
Total room count (Excluding basement rooms) - Indic each room:	eate number of			
Living Room Kitchen Utility Family Room Dining Room Den/Office	Storage e Media	17. Basement ceiling height		
4. Bedrooms above grade Bedrooms in basement		18. Of the above basement area , percent finished? () 0% () 25% () 50% () 75% () 100%		
5. Total number of baths. All levels and basement6. Indicate number of plumbing fixtures per bathroom.		19. Does the basement have	a Kitchen? () Yes () No Kitchenette? () Yes () No	
Bathroom with 1 sink / 1 toilet Bathroom with 1 sink / 1 toilet / 1 tub/shower combo Bathroom with 1 sink / 1 toilet / 1 shower / 1 tub (jette	ed or standard)	20. Do you have a bonus roo Is it finished living area?	m above garage? () Yes () No	
Bathroom with 2 sinks / 1 toilet / 1 tub/shower combo Bathroom with 2 sinks / 1 toilet / 1 shower / 1 tub (jet		21. Do you have an in ground swimming pool? () Yes () No Is there a spa built into pool? () Yes () No In ground spa only? () Yes () No		
	Other			
8. Total built-in appliances? - Indicate number of each	Water Softener	22. Have you remodeled or added to the property?() Yes () No If yes, what year? Describe work done.		
Dishwasher		• •	home from? (Within the last 3 years)	
Type of counter tops (Formica, Corian, granite, tile, etc.) Kitchen Master Bath		DeveloperContractorReal estate companyFamily memberOwnerBankOther		
Additional Baths		Date of Purchase		
10. Check type of interior floor coverings:				
() Carpet () Hardwood () Natu	ural Stone er	24. If home not purchased, did	d you have the home built? () Yes () No	
11. Ceiling height of first floor living area? () 8'() 9 () Other specify height	9'()10'	Self? () Yes () No Contractor () Yes () No Date home construction was complete		
12. Number of direct vent fireplaces? (no chimney)		Construction Costs (building or	nly) \$	
Number of fireplaces with chimney?		Land purchase price \$	Date	
13. Check item that best describes the heating system in () Gas furnace () Oil furnace	your home:	25. Did the sales price/constru Landscape/Sprinklers (ction costs include the following?) Yes () NoFrontBack	
() Hot water baseboard () Ground Source () Heat pump () Solar panels		Fencing (Yes () NoSidesBack	
() Radiant () Other		26. Was there any personal pro	operty included in the sale? (Furniture, wate	
14. Describe cooling system (exclude window cooler):		rights, etc.)		
() Central Air () Evaporative		If so, amount \$		
() Evaporative w/ducts () None			Revised: 4/9/1	